

# PERMANENT FACILITY REGISTRATION FORM

## AFFIDAVIT AND PLEDGE

I, \_\_\_\_\_, as owner/operator, hereby expressly waive all provisions of law forbidding any person who has knowledge of or information that is thereby acquired through business with \_\_\_\_\_ (Facility/Entity Name), consent that such knowledge or information may be disclosed to the Nevada State Board of Dental Examiners.

*The facility/entity named as the registrant in the foregoing application and questionnaire, and I as the owner/operator of said entity/facility, being first duly sworn, deposes and says: I am making registration; and I have carefully read and understand the questions in the foregoing questionnaire and have answered them truthfully, fully, and completely, without mental reservation of any kind. I further understand I have a continuing obligation to inform the Board should any of my answers since filing this registration change. In the event I fail to update the answers which have changed since submitting this registration, I understand that such failure is grounds for revocation of any license issued pursuant to this registration or denial of the application associated with this registration.*

*I hereby authorize educational and other institutions, my references (past and present), business and professional associates (past and present), insurance carriers, professional societies, governmental agencies and instrumentalities (local, state, federal or foreign), and independent information gathering services to release to the Nevada State Board of Dental Examiners any information, files or records requested by the Board in connection with the processing of this registration.*

*I hereby pledge the following:*

- 1) *That said facility is a permanent facility for the sole purpose of providing postgraduate continuing education in dentistry*
- 2) *All courses of continuing education involving live patients will be supervised by dentists licensed in the State of Nevada*
- 3) *All dentists/hygienists participants in any courses of continuing education involving live patients are actively licensed as a dentist/hygienist in another state, territory of the United States, District of Columbia, or foreign country*
- 4) *All dentists/hygienists participants in any courses of continuing education involving live patients have provided patient consent, treatment authorization, health history and appropriate documentation that said patient has been previously treated by the dentist/hygienist in the jurisdiction in which the dentist/hygienist is licensed*
- 5) *All dentists/hygienists participants in any courses of continuing education involving live patients will only treat said patient(s) during a course of continuing education at the facility and under supervision of a Nevada licensed dentist including those licensed pursuant to NRS 631.2715*
- 6) *All applicable regulations of the Nevada State Board of Health will be complied with during any course of continuing education involving live patients*
- 7) *All applicable guidelines concerning infection control from the Centers for Disease Control and Prevention will be complied with during any course of continuing education involving live patients*
- 8) *All applicable provisions of NRS and NAC Chapters 631 as they relate to administration of conscious sedation, deep sedation, general anesthesia, and radiographic equipment will be complied with during any course of continuing education involving live patients*
- 9) *All copies of credentials and applications for each person licensed pursuant to NRS 631.2715 and employed at the facility are maintained at the facility for inspection by the Nevada State Board of Dental Examiners*
- 10) *All copies of health records (as defined in NRS 629.021) and documentation of dentists/hygienists participants in any course of continuing education involving live patients is maintained at the facility for inspection by the Nevada State Board of Dental Examiners*
- 11) *A copy of all Nevada dental licenses for dentists supervising continuing education courses involving live patients are displayed at the facility*

*I understand that a violation of this pledge may be deemed sufficient cause for the revocation of a license issued by the Board pursuant to the registration of the facility owned and operated by an institute or organization providing postgraduate continuing education in dentistry.*

*I hereby understand and acknowledge that the title of all licenses issued pursuant to NRS 631.2715 shall remain with the Nevada State Board of Dental Examiners and subject to surrender by Order of said Board.*

**I UNDERSTAND THAT ANY OMISSIONS, INACCURACIES, OR MISREPRESENTATIONS OF INFORMATION ON THIS REGISTRATION FORM ARE GROUNDS FOR REJECTION OF AN APPLICATION FOR A LICENSE OR REVOCATION OF A LICENSE WHICH MAY HAVE BEEN OBTAINED THROUGH ASSOCIATION WITH THIS REGISTRATION.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(Notary Seal)

Signature of Owner/Operator \_\_\_\_\_

Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_